

Foster Family Home - Corrective Action Report

Provider ID: 1-558976

Home Name: Vising Santiago, CNA

Review ID: 1-558976-8

41-565 Inoaole Street

Reviewer: Julie Hastings

Waimanalo

HI 96795

Begin Date: 6/19/2020

Foster Family Home

Required Certificate

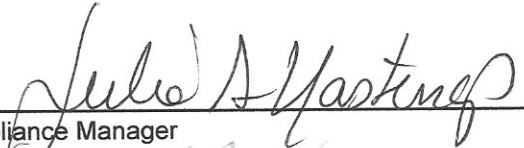
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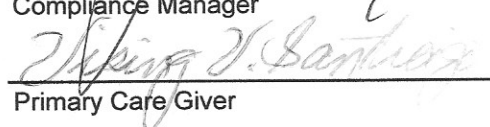
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)
Home inspection completed for a 3 person CCFFH recertification.

-Home is in compliance with all requirements. Home will receive a 3 bed certification


Compliance Manager


Primary Care Giver


Date


Date